

<i>SERFF Tracking Number:</i>	<i>ASWX-126322399</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>43624</i>
<i>Company Tracking Number:</i>	<i>GHAR01067U1F01</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Worksite</i>		
<i>Project Name/Number:</i>	<i>Worksite/GH AR01067U1F01</i>		

Filing at a Glance

Company: Union Security Insurance Company

Product Name: Worksite

SERFF Tr Num: ASWX-126322399 State: Arkansas

TOI: H07G Group Health - Specified Disease - Limited Benefit

SERFF Status: Closed-Approved- Closed
State Tr Num: 43624

Sub-TOI: H07G.002A Dread Disease - Cancer Only

Co Tr Num: GHAR01067U1F01 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor
Disposition Date: 09/30/2009

Author: SPI
AssurantHealthandEmployeeBenef

Date Submitted: 09/28/2009
Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name: Worksite

Status of Filing in Domicile: Pending

Project Number: GH AR01067U1F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This filing has been submitted in our domiciliary state but still pending approval.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Other

Filing Status Changed: 09/30/2009

Explanation for Other Group Market Type:

Other-ALL Eligible Groups Except Credit

State Status Changed: 09/30/2009

Deemer Date:

Created By: SPI

AssurantHealthandEmployeeBenef

Submitted By: SPI AssurantHealthandEmployeeBenef

Corresponding Filing Tracking Number:

Filing Description:

We enclose for filing the group insurance forms described below.

SERFF Tracking Number: ASWX-126322399 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 43624
Company Tracking Number: GHAR01067U1F01
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: Worksite
Project Name/Number: Worksite/GH AR01067U1F01

Form Number Description

Def CO rev Group Policy-Certificate insert form for use with Group Policy Form GP 09 and Group Certificate Form GC 09. This form replaces Form Def CO, previously approved by your Department on 06/03/2009 to be used with GP 09 and GC 09.

Schd CO rev Group Policy-Certificate insert form for use with Group Policy Form GP 09 and Group Certificate Form GC 09. This form replaces Form Schd CO, previously approved by your Department on 06/03/2009 to be used with GP 09 and GC 09.

CO BP rev Group Policy-Certificate insert form for use with Group Policy Form GP 09 and Group Certificate Form GC 09. This form replaces Form CO BP, previously approved by your Department on 06/03/2009 to be used with GP 09 and GC 09.

These forms have been revised to update the Radiation and Chemotherapy benefit. A definition of week was added to form Def CO rev. The benefit amounts and maximums were modified and radiation was modified to specify external, oral and I.V. radiation on forms Schd CO rev and CO BP rev.

Except for the enclosed forms, all forms referred to above are currently on file with your Department. The variable material is indicated by boxes or brackets.

The \$60 filing fee is being sent via EFT.

These forms are being filed simultaneously in Kansas, our domiciliary state.

Company and Contact

Filing Contact Information

Lori Vazquez, lori.vazquez@assurant.com
2323 Grand Blvd 816-881-8713 [Phone]
Kansas City, MO 64108 816-881-8755 [FAX]

Filing Company Information

Union Security Insurance Company	CoCode: 70408	State of Domicile: Iowa
2323 Grand Blvd	Group Code: 19	Company Type:
Kansas City, MO 64108	Group Name:	State ID Number:
(800) 800-1212 ext. [Phone]	FEIN Number: 810170040	

SERFF Tracking Number: ASWX-126322399 *State:* Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Required filing fee.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Security Insurance Company	\$50.00	09/28/2009	30896179

SERFF Tracking Number:	ASWX-126322399	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/30/2009	09/30/2009

<i>SERFF Tracking Number:</i>	<i>ASWX-126322399</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 09/30/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Def CO rev - Statement of Variations, Schd CO rev - Statement of Variations, CO BP rev - Statement of Variations	Approved-Closed	Yes
Form	Group Policy-Certificate Insert	Approved-Closed	Yes
Form	Group Policy-Certificate Insert	Approved-Closed	Yes
Form	Group Policy-Certificate Insert	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/30/2009	Def CO rev	Other	Group Policy-Certificate Insert	Initial		51.620	Def CO rev.PDF
Approved-Closed 09/30/2009	Schd CO rev	Other	Group Policy-Certificate Insert	Initial		0.000	Schd CO rev.PDF
Approved-Closed 09/30/2009	CO BP rev	Other	Group Policy-Certificate Insert	Initial		52.810	CO BP rev.PDF

DEFINITIONS FOR CANCER ONLY INSURANCE

1 *Accredited practitioner* means a *naturopathic doctor*, *ayurvedic practitioner*, *acupuncturist*, *bio-feedback practitioner*, *hypnotherapist*, or *massage therapist* who is licensed (if applicable) under the laws of the state where *treatment* is received as qualified to treat the type of condition for which a claim is made. If licensed, the practitioner must be practicing within the scope of his or her license.

1 *Acupuncture* means a therapy that involves puncture with long thin needles into established body points for symptom relief or for anesthesia.

2 *Acupuncturist* means an *accredited practitioner* who has been trained and certified by the [National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)]. He or she may be called ["Diplomat in Acupuncture (NCCAOM)"] or represented as ["National Board Certified in Acupuncture (NCCAOM)"] and is currently licensed, if required, in the state that he or she practices.

4 *Ambulatory surgical center* means a licensed or accredited facility that provides medical or surgical intervention requiring care for immediate (day of procedure), pre-procedure and immediate post-procedure care. The total length of care is [less than 24 hours]. A *doctor* must be directly involved in the care.

5 *Ayurvedic medicine* means a practice of health promotion, disease prevention, and personal growth that includes physical, psychological and spiritual aspects. Ayurvedic practices are intended to promote well being and reduce stress and may include [yoga, meditation, massage, dietary changes and herbs].

3 *Ayurvedic practitioner* means an *accredited practitioner* who has been certified through the [American Association of Drugless Accredited Practitioners for Ayurvedic Medicine].

6 *Benefit year* means a [calendar year beginning on January 1 of any year and ending on December 31 of that year].

1 *Bio-feedback* means a therapy that trains and uses the mind to control body functions that are typically regulated automatically such as muscle tension, heart rate, blood pressure or temperature.

3 *Bio-feedback practitioner* means an *accredited practitioner* who has a bachelor's degree in a health related profession, such as a degree in medicine, osteopathy or *naturopathic medicine* and who has received certification from the [Biofeedback Society of America] and is currently licensed in the state that he or she practices.

DEFINITIONS FOR CANCER ONLY INSURANCE (continued)

7

Bone marrow transplant means a procedure in which a patient's bone marrow is replaced with cellular elements to reconstitute the bone marrow. It may be preceded by chemotherapy, radiotherapy or other treatments which cause residual bone marrow to be destroyed. The collection of stem cells or other peripheral blood cells and their later reinfusion is not a *bone marrow transplant*.

8

Cancer means you [or your *covered dependent* has] been *diagnosed* with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. *Cancer* includes carcinomas in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as [myelodysplastic and myeloproliferative disorders, leukoplakia, hyperplasia, and nonmalignant melanoma will not be considered *cancer*].

Cancer only insurance means the group *cancer only insurance* under the *policy* issued by us to the *policyholder*.

Clinic means an institution, building or part of a building where *outpatients* receive *treatment for diagnoses*.

9

Cytotoxic means chemotherapeutic medications prescribed by a *doctor* for *diagnosed cancer* and that cause cell damage primarily by targeting cell growth. These medications do not include *immunotherapy*, hormones, or hormone antagonists.

10

Diagnosed, diagnosis or diagnoses means an evaluation of your [or your *covered dependent's*] medical condition that is performed by a *doctor* whose specialty is appropriate for the condition being evaluated, and who is board certified in that specialty in accordance with the [American Board of Medical Specialties criteria]. The evaluation must include conclusions that are definite and supported by presence of symptoms, clinical signs on physical examination, and test results consistent with the most current medically accepted diagnostic standards according to *nationally recognized authorities*. In addition, the evaluation must meet one or more of the following criteria depending on the condition that is being evaluated:

10

- if cognitive function is being evaluated, the conclusions must be confirmed with neuropsychological testing conducted by a clinical psychologist at the doctorate level certified through the [American Board of Professional Psychology] in the area of clinical neuropsychology;

10

- if pulmonary function is being evaluated, the conclusion must be supported by testing performed in accordance with the [American Thoracic Society criteria]; and

10

- if the condition is evaluated using the results of exercise testing, that testing must be performed in accordance with the [American College of Sports Medicine] or [American Heart Association] standards.

DEFINITIONS FOR CANCER ONLY INSURANCE (continued)

11

Extended-care facility means an accredited medical institution that provides prolonged skilled nursing or medical care including a skilled nursing facility, a rehabilitation unit or facility, a transition care unit or any bed designated as a swing bed, or to a section of the *hospital* used in that manner as approved by Medicare. It does not include any institution which is primarily for the care and treatment of mental disease.

General anesthesia means the induction of a state of unconsciousness with the absence of pain sensation over the entire body, through the administration of anesthetic drugs used during a medical or surgical procedure. It must require respiratory support by a *doctor* or certified registered nurse anesthetist (CRNA).

12

Hospice means an organization that provides medical services in an *inpatient*, *outpatient* or home setting to support and care for persons who are terminally ill with a life expectancy of [6 months or less] as certified by a *doctor*. A *hospice* must meet all of the following requirements:

10

- Comply with all state licensing requirements.
- Be Medicare certified and/or accredited by the [Joint Commission on Accreditation of Healthcare Organizations (JCAHO)].
- Provide a *treatment* plan and services under the direction of a doctor.
- An inpatient *hospice* facility must meet all of the following requirements in addition to the requirements above:
 - Be a dedicated unit within an Acute Medical Facility or a Subacute Rehabilitation Facility or a separate facility that provides hospice services on an inpatient basis.
 - Be licensed by the state in which the services are rendered to provide inpatient hospice services.
 - Be staffed by an on call doctor 24 hours per day.
 - Provide nursing services supervised by an on duty registered nurse 24 hours per day.
 - Maintain daily clinical records.
 - Admit patients who have a terminal illness.
 - Not provide patients with services that involve active intervention for the terminal illness although ongoing care for comorbid conditions and palliative care for the terminal illness may be provided.

Hospital means an institution which is primarily engaged in providing, by and under the supervision of *doctors* to *inpatients*, diagnostic and therapeutic services for medical *diagnosis*, *treatment* and care of injured, disabled, or sick persons; or rehabilitation services of injured, disabled, or sick persons. It must meet all of the following requirements:

- maintain clinical records on all patients;
- have every patient be under the care of a *doctor*;
- provide 24 hour nursing service provided by a licensed practical or registered nurse and supervised by a registered professional nurse;
- be licensed or be approved by the state or local licensing agency;

DEFINITIONS FOR CANCER ONLY INSURANCE (continued)

10

- meet other health and safety requirements found necessary by the [Joint Commission on Accreditation of Healthcare Organizations (JCAHO)]; and
- is not primarily a *clinic*, nursing, rest or convalescent home.

13

Hospital confined or *hospital confinement* means admission to a *hospital* as an *inpatient* for [at least 24 consecutive hours] by a *doctor* for an *injury* or sickness. A *hospital* stay that does not result in charges to you [or your *covered dependent* is] not a *hospital confinement* under this *policy* unless there is no charge because the *hospital* is a United States government facility.

3

Hypnotherapist means an *accredited practitioner* who has been certified by the [American Board of Hypnotherapy] or the [American Clinical Board of Hypnotherapy].

1

Hypnosis means a change in a person's conscious awareness, induced by another person, which may alter memory and consciousness, increase susceptibility to suggestion, and bring about responses and ideas that may be considered unusual.

Injury means unintentional physical damage or harm caused directly by an *accident* and not due to *sickness*, disease or any other causes.

1

Immunotherapy means *treatments* intended to improve the immune system by providing antibodies, colony stimulating factors, or immunoglobulins for the purpose of treating *cancer*.

Inpatient means a patient who is admitted to a *hospital* for an *injury* or sickness.

14

Internal cancer means a *cancer* contained within the body. *Internal cancers* do not include *cancers* of the skin except for melanomas classified as [Clark's Level III and higher] or [a Breslow level greater than or equal to 1.5mm].

Lifetime means the period of time you [or your *covered dependent* is] alive.

15

Massage therapist means an *accredited practitioner* who is a graduate of a program accredited by the [American Massage Therapy] and has completed the [National Certification Exam].

16

Massage therapy means the manipulation of the soft tissue of the body with the objective of normalizing the tissue. Forms of *massage therapy* are limited to [sports massage, manual lymph drainage, Swedish massage, deep tissue massage, and neuro-muscular massage].

17

10

Mental illness means a mental disorder as listed in the [current edition of the Diagnostic and Statistical Manual of Mental Disorders], as published by the [American Psychiatric Association]. A *mental illness*, as so defined, may be related to or be caused by physical or biological factors, or result in physical symptoms or expressions. For the purposes of the *policy*, *mental illness* does not include any mental disorder listed within any of the following categories found in the [Diagnostic and Statistical Manual of Mental Disorders], as published by the [American Psychiatric Association]:

DEFINITIONS FOR CANCER ONLY INSURANCE (continued)

- Mental Retardation;
- Motor Skills Disorder;
- Pervasive Developmental Disorders;
- Delirium, Dementia, and Amnesic and other Cognitive Disorders;
- Schizophrenia; and
- Narcolepsy, Obstructive Sleep Apnea, and Sleep Disorder due to a general medical condition.

10 *Nationally recognized authorities* means the [American Medical Association (AMA) Council on Scientific Affairs, the AMA Diagnostic and Therapeutic Technology Assessment Project, the AMA Board of Medical Specialties, the American College of Physicians and Surgeons, the Food and Drug Administration, the Centers for Disease Control and Prevention, the Office of Technology Assessment, the National Institutes of Health, the Health Care Finance Administration, the Agency for Health Care Policy and Research, the Department of Health and Human Services, the National Cancer Institute], and any additional organizations we choose which attain similar status.

18 *Naturopathic doctor* means an *accredited practitioner* who has graduated from a [four year naturopathic medical school], which is accredited by the [Council on Naturopathic Medical Education].

1 *Naturopathic treatment* means the services and *treatments* used by a *naturopathic doctor* in the course of *treatment* for a covered illness.

1 *Naturopathy/naturopathic* means the art, science, philosophy and practice of *diagnosis*, treatment and prevention of illness, using the least invasive, most physiologically supportive method possible. The practice of *naturopathy* identifies and treats the cause of an illness or disease rather than the symptoms of an illness and usually includes a plan of prevention that includes education and alteration of mental, emotional, genetic, social, spiritual and other lifestyle factors.

19 *NCI-designated cancer center* means a facility, having a current [National Cancer Institute (NCI)] designation, that provides *treatment* for or research concerning *cancer*.

20 *NCI-listed* means a *cancer treatment* protocol that is listed in the [National Cancer Institute's (NCI) Physician Data Query (PDQ)]. The [PDQ is an online database that contains] *cancer* information summaries, listings of clinical trials, and directories of *doctors* and organizations involved in *cancer* care.

Outpatient means a patient who is not admitted to a *hospital* but instead is cared for elsewhere such as a *doctor's office*, *clinic*, or day surgery center for an *injury* or sickness.

DEFINITIONS FOR CANCER ONLY INSURANCE (continued)

1 *Palliative care* means *treatment* or services designed to reduce the severity of a condition or symptoms without curing the underlying disease.

21 *Period of hospital confinement* means *hospital confinement* for a continuous and uninterrupted period of time while under the regular care and attendance of a *doctor*. A new *period of hospital confinement* will begin if a new *hospital confinement* occurs [30 or more days] after the end of the previous *hospital confinement* or if the *hospital confinement* results from a completely independent cause from the previous *hospital confinement*.

22 *Port* means to convert to a group portability policy.

23 *Prosthesis* or *prosthetic* means an artificial replacement for a missing or defective body part.

24 *Stem cell transplant* means the delivery of autologous or allogeneic stem cells to a person who has received chemotherapy or radiation to treat *internal cancer*. This definition does not include allogeneic or autogeneic bone marrow collection and infusion of bone marrow under *general anesthesia*.

25 *Timely applicant* means a person whose application for insurance is received by us no later than [31 days] after becoming eligible for insurance under the *policy*.

Treatment means any medical service, procedure, consultation, advice, tests, observation, supplies, equipment, x-rays or surgery, including the prescription of drugs or use of prescription drugs.

26 *Week* means a [calendar period of seven consecutive days, beginning on 12:00 a.m. Sunday and ending on 11:59 p.m. Saturday.]

SCHEDULE

1

2

[Eligible Class:For employee insurance – Each *full-time* employee of the *policyholder* or an *associated company*,

- who is at *active work*, and
- who is working in the United States of America, except any temporary or seasonal worker.]

[For dependent insurance - Each *eligible dependent* of a person eligible and insured for employee insurance.]

3

[A *participating employer* may, in its *participating employer's* application, designate that the *eligible classes* be other classifications of employees which are based on conditions pertaining to employment, subject to our approval and any underwriting requirements then in effect.]

4

[Associated Companies: None]

5

[Present Service Requirement: None

Future Service Requirement: None]

6

[Entry Date: An eligible person will become insured on the first of the month occurring on or after the day all eligibility requirements are met.]

7

[Minimum Participation Requirements:]

[Number: 5]

[Percentage: 20% for employee insurance
 20% for dependent insurance]

Cancer Only Insurance

8

[At the time of enrollment, you may be eligible to select the level of coverage. If you are eligible to select a level of coverage, the level selected must be the same for both you and your *covered dependents*, if any.

Some of the benefits described in the *policy* may not apply depending on the level of coverage selected.

We will pay the benefits corresponding to the level you selected as shown below.

You may change your Plan Level according to the Plan Changes provision below.]

9

[Any limitation applies separately to you and each *covered dependent*.]

Please see the Cancer Only Insurance provisions for a complete description of benefits, limitations and exclusions.

SCHEDULE (continued)

10

Maximum [Level] Without Proof of Good Health:

Proof of good health is required for all [levels of coverage].

OR

Maximum [Level] Without Proof of Good Health:

Coverage under [Level I] is available without *proof of good health* for *timely applicants*. *Proof of good health* is always required for coverage under [Level II].

Schedule Amount:

11

Cancer Screening:

Limited to [once per *benefit year*]

[Level I]

[\$50]

[Level II]

[\$75]

12

Hospital Confinement:

Limited to [90 days per *period of hospital confinement*]

[Level I]

[\$200 per day]

[Level II]

[\$400 per day]

13

Radiation and Chemotherapy:

[Level I]

[Level II]

[Injected Cytotoxic Medications]

[\$300 per *week*
not to exceed
\$4,000 per *benefit year*]

[\$1,000 per *week*
not to exceed
\$12,000 per *benefit year*]

[First Prescription Pump Dispensed Cytotoxic Medications]

[\$300 per prescription
not to exceed
\$4,000 per *benefit year*]

[\$1,000 per prescription
not to exceed
\$12,000 per *benefit year*]

[Refill Pump Dispensed Cytotoxic Medications]

[\$300 per *week*
not to exceed
\$4,000 per *benefit year*]

[\$1,000 per *week*
not to exceed
\$12,000 per *benefit year*]

[Oral Cytotoxic Medications]

[\$150 per prescription
not to exceed
\$450 per month]

[\$500 per prescription
not to exceed
\$1,500 per month]

[Cytotoxic Medications Administration by Any Other Method]

[\$300 per *week*
not to exceed
\$4,000 per *benefit year*]

[\$1,000 per *week*
not to exceed
\$12,000 per *benefit year*]

[External Radiation Therapy]

[\$400 per *week* not to
exceed \$4,000 per
benefit year]

[\$600 per *week* not to
exceed \$12,000 per
benefit year]

[Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium]

[\$450 per *week* not to
exceed \$4,000 per
benefit year]

[\$750 per *week* not to
exceed \$12,000 per
benefit year]

[Oral or I.V. Radiation]

[\$400 per *week*

[\$600 per *week*

SCHEDULE (continued)

		not to exceed \$4,000 per <i>benefit year</i>	not to exceed \$12,000 per <i>benefit year</i>
14	In-hospital Blood and Plasma:	<u>[Level I]</u> [\$50]	<u>[Level II]</u> [\$50]
15	Outpatient Blood and Plasma:	<u>[Level I]</u> [\$50]	<u>[Level II]</u> [\$50]
16	Extended-care Facility: Limited to a maximum of [90 days per <i>benefit year</i>]	<u>[Level I]</u> [\$200 per day]	<u>[Level II]</u> [\$200 per day]
17	Hospice: Limited to a maximum of [100 days per <i>lifetime</i>]	<u>[Level I]</u> [\$100 per day]	<u>[Level II]</u> [\$100 per day]
18	In-hospital Doctor Visits: Limited to a maximum of [75 visits]	<u>[Level I]</u> [\$25 per daily visit]	<u>[Level II]</u> [\$25 per daily visit]
19	Post-hospital Doctor Visits: Limited to [once every 6 months] not to exceed [5 years after the <i>diagnosis of cancer</i>]	<u>[Level I]</u> [\$50 per visit]	<u>[Level II]</u> [\$50 per visit]
20	Prosthesis:	<u>[Level I]</u>	<u>[Level II]</u>
	Surgically Implanted Devices	[\$2,000 per device not to exceed a <i>lifetime</i> maximum of \$4,000]	[\$3,000 per device not to exceed a <i>lifetime</i> maximum of \$6,000]
	Other Devices	[\$200 per device not to exceed a <i>lifetime</i> maximum of \$400]	[\$300 per device not to exceed a <i>lifetime</i> maximum of \$600]
21	Ambulance Benefit: Limited to [2 one-way trips per <i>period of hospital confinement</i>]	<u>[Level I]</u> [\$250]	<u>[Level II]</u> [\$250 Ground] [\$2,000 Air]
22	Lodging: Limited to [1 benefit per day] not to exceed a maximum of [90 days per <i>benefit year</i>]	<u>[Level I]</u> [\$50 per day]	<u>[Level II]</u> [\$100 per day]

SCHEDULE (continued)

23	Second Surgical Opinion: Limited to [once per surgical procedure]	<u>[Level I]</u> [\$200]	<u>[Level II]</u> [\$200]
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24	Skin Cancer:	<u>[Level I]</u>	<u>[Level II]</u>
	Biopsy only	[\$100]	[\$100]
	Reconstructive surgery following previous excision of skin cancer	[\$250]	[\$250]
	Excision of skin cancer without flap or graft	[\$375]	[\$375]
	Excision of skin cancer with flap or graft	[\$600]	[\$600]

25	Surgery and General Anesthesia for Internal Cancer:		
	Limited to a [combined] maximum of [\$2,000 for Level I] for [one operation]		
	Limited to a [combined] maximum of [\$7,500 for Level II] for [one operation]		
		<u>[Level I & II]</u>	<u>[Level I & II]</u>
		General Anesthesia Benefit	Surgical Benefit
	<u>Procedure</u>		
	[Mandible- Mandibulectomy	\$760	\$2,300
	Misc- Pathological hip fracture	\$400	\$1,200
	Breast – Needle biopsy	\$50	\$150
	Breast – Excisional biopsy	\$50	\$150
	Breast - Lumpectomy	\$100	\$300
	Breast - Mastectomy partial	\$100	\$300
	Breast - Mastectomy simple	\$180	\$550
	Breast - Mastectomy radical	\$400	\$1,200
	Throat - Laryngectomy (without neck dissection)	\$365	\$1,100
	Throat - Laryngectomy (with neck dissection)	\$730	\$2,200
	Throat - Laryngoscopy	\$50	\$150
	Throat - Tracheostomy	\$50	\$150
	Chest - Bronchoscopy	\$70	\$200
	Chest - Thoracentesis	\$50	\$150
	Chest - Thoracostomy	\$50	\$150
	Chest - Thoracotomy	\$165	\$500
	Chest - Pneumonectomy	\$400	\$1,200
	Chest - Lobectomy	\$365	\$1,100
	Chest - Wedge resection	\$250	\$750
	Misc – Venous-catheters/venous port (chemo)	\$50	\$150]

SCHEDULE (continued)

25

Surgery and General Anesthesia for Internal Cancer (continued)	[Level I & II]	[Level I & II]
	General Anesthesia Benefit	Surgical Benefit
<u>Procedure</u>		
[Misc – Bone marrow biopsy or aspiration	\$50	\$150
Lymphatic – Splenectomy	\$225	\$675
Lymphatic – Excision of lymph nodes	\$60	\$175
Lymphatic - Lymphadenectomy (bilateral)	\$255	\$775
Lymphatic - Lymphadenectomy (unilateral)	\$365	\$1,100
Lymphatic - Axillary node dissection	\$215	\$650
Chest - Mediastinoscopy	\$100	\$300
Mouth - Hemiglossectomy	\$115	\$350
Mouth - Glossectomy	\$430	\$1,300
Mouth – Resection of palate	\$200	\$600]
Salivary glands - Biopsy	\$50	\$150
Salivary glands - Parotidectomy	\$300	\$900
Salivary glands – Radical neck dissection	\$730	\$2,200
Mouth – Tonsil/Mucous membranes	\$290	\$875
Esophagus – Resection of esophagus	\$1,155	\$3,500
Esophagus – Esophagoscopy	\$50	\$150
Stomach – Gastroscoy	\$75	\$225
Intestines - ERCP	\$135	\$400
Esophagus – Esophagogastrectomy	\$305	\$925
Stomach - Gastrectomy (complete)	\$430	\$1,300
Stomach - Gastrectomy (partial)	\$325	\$975
Stomach - Gastrojejunostomy	\$265	\$800
Intestines - Resection of small intestine	\$305	\$925
Intestines - Colectomy	\$265	\$800
Intestines - Ileostomy	\$250	\$750
Intestines - Colostomy/or revision of	\$200	\$600
Intestines - Excesional on rectum for biopsy	\$70	\$200
Intestines - Abdominal-perineal resection	\$400	\$1,200
Intestines - Proctosigmoidoscopy	\$50	\$150
Intestines - Sigmoidoscopy	\$50	\$150
Intestines - Colonoscopy (does not include virtual or CT Colonography)	\$85	\$250
Liver - Needle biopsy	\$50	\$150
Liver - Wedge biopsy	\$175	\$525
Liver - Resection of liver	\$1,090	\$3,300
Abdomen - Cholecystectomy	\$250	\$750
Pancreas - Pancreatectomy	\$400	\$1,200
Pancreas - Whipple procedure	\$1,520	\$4,600
Pancreas - Jejunostomy	\$530	\$1,600
Abdomen – Exploratory laparotomy	\$175	\$525
Abdomen – Paracentesis	\$50	\$150
Kidney –Nephrectomy (simple)	\$300	\$900]

SCHEDULE (continued)

25

Surgery and General Anesthesia for Internal Cancer (continued)	[Level I & II]	[Level I & II]
<u>Procedure</u>	<u>General Anesthesia Benefit</u>	<u>Surgical Benefit</u>
[Kidney - Nephrectomy (radical)	\$530	\$1,600
Bladder - Cystectomy (partial)	\$250	\$750
Bladder - Cystectomy (complete)	\$1,485	\$4,500
Bladder - Cystectomy (with ureteroileal conduit)	\$1,815	\$5,500
Prostate - Cystoscopy	\$50	\$150
Bladder - Cystoscopy	\$50	\$150
Bladder - (TUR) transurethral resection bladder tumors	\$135	\$400
Prostate - (TUR) transurethral resection prostate	\$265	\$800
Penis - amputation, partial	\$175	\$525
Penis - amputation, complete	\$265	\$800
Penis - amputation, radical	\$430	\$1,300
Testis - Orchiectomy (unilateral)	\$110	\$325
Testis - Orchiectomy (bilateral)	\$165	\$500
Prostate - Needle biopsy	\$50	\$150
Prostate - Radical prostatectomy	\$565	\$1,700
Vulva - Vulvectomy (partial)	\$190	\$575
Vulva - Vulvectomy (radical)	\$235	\$700
Female Reproductive - Colposcopy	\$50	\$150
Female Reproductive - D & C	\$60	\$175
Female Reproductive - Abdominal hysterectomy/uterus only	\$400	\$1,200
Female Reproductive - Uterus, tubes & ovaries with exenteration	\$1,650	\$5,000
Female Reproductive - Vaginal hysterectomy/uterus only	\$330	\$1,000
Female Reproductive - Oophorectomy	\$190	\$575
Female Reproductive - Uterus, tubes & ovaries	\$500	\$1,500
Thyroid - Thyroidectomy (partial: one lobe)	\$265	\$800
Thyroid - Thyroidectomy (total: both lobes)	\$430	\$1,300
Brain - Burr holes not followed by surgery	\$200	\$600
Brain - Exploratory craniotomy	\$695	\$2,100
Brain - Excision brain tumor	\$1,090	\$3,300
Brain - Ventriculoperitoneal shunt	\$530	\$1,600
Spine - Cordotomy	\$430	\$1,300
Spine - Laminectomy	\$1,090	\$3,300
Eye - Enucleation	\$265	\$800
Radium Implants - Insertion	\$365	\$1,100
Radium Implants - Removal	\$200	\$600]

SCHEDULE (continued)

26	First Occurrence: Limited to [once per <i>lifetime</i>] [A 30 day waiting period applies]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$5,000]
27	Alternative Care: Integrative Assessment and Education Benefit Limited to a [one time benefit] Palliative Care Benefit Limited to [20 visits per <i>benefit year</i>] [<i>Lifetime</i>] maximum of [2 <i>benefit years</i>] Lifestyle Benefit Limited to [20 visits per <i>benefit year</i>] [<i>Lifetime</i>] maximum of [2 <i>benefit years</i>]	<u>[Level I]</u> [Not Covered] [Not Covered] [Not Covered]	<u>[Level II]</u> [\$150] [\$50 per visit] [\$50 per visit]
28	Experimental Treatment: Oral, Injected or Pump Dispensed Medications	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$150 per day] [\$1,050 per month]
29	Medical Imaging: Limited to [once per <i>benefit year</i>]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$100]
30	[National Cancer Institute] Evaluation/Consultation: Limited to [once per <i>lifetime</i>]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$500]
31	Anti-nausea:	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$100 per month]
32	Bone Marrow Transplant: Limited to [once per <i>lifetime</i> *] Stem Cell Transplant: Limited to [once per <i>lifetime</i> *] [*Benefits will only be paid once per <i>lifetime</i> for either a <i>bone marrow transplant</i> or <i>stem cell transplant</i> , not both.]	<u>[Level I]</u> [Not Covered] [Not Covered]	<u>[Level II]</u> [\$10,000 for you or your <i>covered dependent</i> \$1,500 to the bone marrow donor] [\$2,500]
33	Immunotherapy:	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$450 per month not to exceed a <i>lifetime</i> maximum of \$3,500]

SCHEDULE (continued)

34	Home Health Care: Limited to a maximum of [10 visits after any <i>period of hospital confinement</i>] not to exceed a maximum of [30 visits per <i>benefit year</i>]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$50 per visit]
35	Nursing Services: Limited to [30 days per <i>benefit year</i>]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$125 per day]
36	Transportation: Limited to [3 round trips per <i>benefit year</i>]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$500 per round trip]
37	Reconstructive Surgery: [Breast Symmetry (modification of the non-cancerous breast performed within 5 years of reconstructing the cancerous breast)] [Breast Reconstruction] [Facial Reconstruction] [Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap] In addition, we will pay [30%] of the amounts shown above for <i>general anesthesia</i> during these procedures.	<u>[Level I]</u> [Not Covered] [Not Covered] [Not Covered] [Not Covered]	<u>[Level II]</u> [\$350] [\$700] [\$700] [\$2,500]
38	Outpatient Hospital Surgical Limited to [3 days per procedure]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$250 per day]

Plan Changes

Plan Changes at Annual Enrollment

You may choose to change your plan of insurance, subject to any required *proof of good health*, from [January 1 through January 31] of each year, the annual enrollment period agreed upon by the [*policyholder*] and us. You must submit *proof of good health* for any plan level increase. [The amount of any increase, with or without *proof of good health*, is subject to the Pre-Existing Conditions provision in the Cancer Only Insurance provisions section of the *policy*. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, not the original effective date of your coverage.]

The effective date of any change made during the annual enrollment period will be [the later of the policy anniversary or the first of the month occurring on or after the date of our correspondence notifying you of our approval of you or your *covered dependent's proof of good health*, if required]. [Please see Exception to Effective Date if you are not at *active work* on the day the change in insurance would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if your *covered dependent* is in a *hospital* or similar facility on the day the change in insurance would otherwise take effect.]

Change in Family Status

You may apply for insurance or change your plan of insurance, [within 31 days] of a change in family status. A "change in family status" means [your marriage or divorce, the death of your spouse or child, the birth or adoption of your child, or the termination of employment of your spouse, or any other event specified in the *policyholder's* IRC Section 125 plan]. If you apply for insurance or increase your plan of insurance following a change in family status, you must submit *proof of good health* [for you or your *covered dependent*]. [Any amount or increase in insurance is subject to the Pre-Existing Conditions provision in the Cancer Only Insurance provisions section of the policy. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, not the original effective date of your coverage.]

If you are first applying for insurance for yourself [or for your *eligible dependent*] [within 31 days] after a change in family status, insurance will take effect [on the first of the month occurring on or after the later of the date of the request or the date of our correspondence notifying you of our approval of you or your *eligible dependent's proof of good health*, if required].

If you are changing your existing plan of insurance, the effective date of any change due to a change in family status will be [the first of the month occurring on or after the later of the date of the request or the date of our correspondence notifying you of our approval of you or your *eligible dependent's proof of good health*, if required].

[Please see Exception to Effective Date if an eligible person is not at *active work* on the day insurance, or a change in insurance, would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if an *eligible dependent* is in a *hospital* or similar facility on the day insurance, or a change in insurance, would otherwise take effect.]

OR

Change in Family Status

SCHEDULE (continued)

39

You may apply for insurance or change your plan of insurance, [within 31 days] of a change in family status. A "change in family status" means [your marriage or divorce, the death of your spouse or child, the birth or adoption of your child, or the termination of employment of your spouse, or any other event specified in the *policyholder's* IRC Section 125 plan]. If you apply for insurance under [Level II], or if you increase your plan of insurance following a change in family status, you must submit *proof of good health*. [Any amount or increase in insurance is subject to the Pre-Existing Conditions provision in the Cancer Only Insurance provisions section of the policy. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, not the original effective date of your coverage.]

If you are first applying for insurance for yourself [or for your *eligible dependent*] [within 31 days] after a change in family status, insurance will take effect [on the first of the month occurring on or after the date of the application] unless *proof of good health* is required. If *proof of good health* is required, insurance will take effect [on the first of the month occurring on or after the later of the date of the application or the date of our correspondence notifying you of our approval of your or your *eligible dependent's proof of good health*].

If you are changing your existing plan of insurance, the effective date of any change due to a change in family status will be [the first of the month occurring on or after the date of the change request unless *proof of good health* is required. If *proof of good health* is required, insurance will take effect [on the first of the month occurring on or after the later of the date of the change request or the date of our correspondence notifying you of your or your *eligible dependent's proof of good health*].

[Please see Exception to Effective Date if an eligible person is not at *active work* on the day insurance, or a change in insurance, would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if an *eligible dependent* is in a *hospital* or similar facility on the day insurance, or a change in insurance, would otherwise take effect.]

CANCER ONLY INSURANCE

Insurance Provided

We will pay the *cancer only* benefit amounts shown in the Schedule for covered benefits identified in the *policy* if you [or your *covered dependent* is] *diagnosed* with *cancer* and [receives] services or *treatment* for *cancer* while covered under the *policy*. Any benefits are subject to the provisions of the *policy*.

- 1 [Some of the benefits described in the *policy* may not apply depending on the level of coverage selected.] A covered condition must occur while you [or your *covered dependent* is] insured under this *policy*. Benefit payments are subject to the exclusions and limitations described in this *policy*. Any required premiums must continue to be paid[, either] under the *policy* [or under the group portability policy, if eligible,] for benefits to be paid.

- 3 [If any of the benefits below require a charge and you or your *covered dependent* is not charged because the facility is a United States government facility, then we will pay the covered benefit amounts shown in the Schedule.]

Proof of Good Health

- 4 You [or your *covered dependent*] will be limited to the benefits under [Level I] until you [or your *covered dependent* gives] us *proof of good health*. If the proof is accepted, insurance under [Level II] will take effect [on the Entry Date occurring on or after the date of our correspondence notifying you or your *covered dependent* of our approval of your or your *covered dependent's* *proof of good health*].

Cancer Screening

- 5 We will pay the Cancer Screening amount shown in the Schedule if you provide proof satisfactory to us that you [or your *covered dependent* was] tested for *internal cancer* and [is] charged for undergoing a [1) colonoscopy, 2) CA 125 test, 3) chest x-ray, 4) flexible sigmoidoscopy, 5) mammogram, 6) pap smear, 7) biopsy, 8) PSA, 9) CT scans or MRI scans, 10) BRCA testing, or 11) Hemocult stool specimen] while covered under the *policy*. We will pay this benefit only [once per *benefit year*] for you [or your *covered dependent*] regardless of whether multiple tests are performed. The benefit will be paid even if *internal cancer* is not *diagnosed*. In order to receive this benefit, you must submit proof that the *internal cancer* screening test was performed by providing us with documentation from your *doctor*.

Hospital Confinement

- 6 We will pay the Hospital Confinement amount shown in the Schedule for each day during a *period of hospital confinement* in which you [or your *covered dependent* is] *hospital confined* as an *inpatient* for the *treatment* of *internal cancer*. This benefit is limited to [90 days per *period of hospital confinement*].

CANCER ONLY INSURANCE (continued)

7

Radiation and Chemotherapy

If you [or your *covered dependent* receives] *cytotoxic* medications or radiation administered by medical personnel in a *hospital, clinic* or *doctor's office* as *internal cancer treatment* for the purpose of changing or destroying abnormal tissue, then we will pay the Radiation and Chemotherapy benefits described below.

[If you or your *covered dependent* receives and is charged for an injected *cytotoxic* medication (approved by the FDA or *NCI-listed*) as *internal cancer treatment* for the purpose of destroying or changing abnormal tissue, then we will pay the amount shown in the Schedule for each week in which you or your *covered dependent* receives such *treatment*, not to exceed the maximum per *benefit year* shown in the Schedule for all medications.]

[If you or your *covered dependent* receives and is charged for *cytotoxic internal cancer treatment* medications (approved by the FDA or *NCI-listed*) dispersed by a pump or implant for the purpose of destroying or changing abnormal tissue, then we will pay the amount shown in the Schedule for the first prescription and for each week in which you or your *covered dependent* receives a pump refill, not to exceed the maximum per *benefit year* shown in the Schedule. This benefit is in addition to surgical/*general anesthesia* benefits that may also be available for installing or removing the device. Benefits are not based on the number of days of continuous infusion of the medications pumped.]

[If you or your *covered dependent* receives and is charged for *cytotoxic internal cancer treatment* medications (approved by the FDA or *NCI-listed*) administered orally at any location, we will pay the amount shown in the Schedule for each prescription not to exceed the maximum per month shown in the Schedule for all prescriptions.]

[If you or your *covered dependent* receives and is charged for external radiation *internal cancer treatment* therapy administered for the purpose of destroying or changing abnormal tissue, we will pay the amount shown in the Schedule for each week the external radiation is administered not to exceed the maximum per *benefit year* shown in the Schedule. Benefits will not be based on the length of time the radium or radioisotope stays in the body.]

[If you or your *covered dependent* is charged for the insertion of interstitial or intracavity administration of radioisotopes or radium *internal cancer treatments* for the purpose of destroying or changing abnormal tissue, we will pay the amount shown in the Schedule for each week in which an insertion is performed, not to exceed the maximum per *benefit year* shown in the Schedule. This benefit is in addition to surgical/anesthesia benefits which may also be available for insertion or removal of radiation delivery devices.]

[If you or your *covered dependent* receives and is] charged for *cytotoxic internal cancer treatment* medications (approved by the FDA or *NCI-listed*) administered by any other method or radiation (approved by the FDA or *NCI-listed*) administered orally or intravenously (I.V.), we will pay benefits for each week in which you or your *covered dependent* receives such treatment, not to exceed the maximum per *benefit year* shown in the Schedule.]

[We will not pay benefits for *treatment* planning, therapeutic devices, *immunotherapy*, laboratory tests, diagnostic x-rays, dosimetry or simulation associated with these procedures.]

[We will not pay benefits under this provision for *internal cancer treatment* administered on the same day as *treatments* covered by the Experimental Treatment benefit. However, if you or your *covered dependent* is eligible for both the Radiation and Chemotherapy benefit and the Experimental Treatment benefit on the same day, then we will pay the higher benefit.]

CANCER ONLY INSURANCE (continued)

In-hospital Blood and Plasma

For each day you [or your *covered dependent*], while confined as an *inpatient* in a *hospital* for *internal cancer treatment*, [receives] blood and/or plasma, we will pay the In-hospital Blood and Plasma amount shown in the Schedule.

Outpatient Blood and Plasma

For each day you [or your *covered dependent* receives] *outpatient* blood and/or plasma transfusions in a *doctor's office, clinic, hospital, or ambulatory surgical center*, we will pay the Outpatient Blood and Plasma amount shown in the Schedule. These transfusions must be directly related to *internal cancer treatment*.

Extended-care Facility

8 If we make payments under the Hospital Confinement Benefit for you [or your *covered dependent*] and you [or your *covered dependent* is] thereafter confined due to *internal cancer* to an *extended-care facility*, then we will pay the Extended-care Facility amount shown in the Schedule. We will pay for each day of confinement in an *extended-care facility* that is [within 30 days of *hospital confinement*] for *internal cancer*. Benefits are payable [for you or your *covered dependent*] for a maximum period of [90 days per *benefit year*].

This benefit will not be paid for any day that a benefit is paid under the Hospital Confinement provision of this *policy*. Confinements in an *extended-care facility* must begin [no later than 30 days] after the end of *hospital confinement*.

Hospice

9 We will pay the Hospice amount shown in the Schedule per day you [or your *covered dependent* receives] *hospice* care not to exceed a maximum of [100 days] during the *covered person's* [or *covered dependent's lifetime*].

Benefits will be paid provided your [or your *covered dependent's*] *doctor* gives a statement in writing that you [or your *covered dependent* is] terminally ill as a result of *internal cancer*, that it is no longer appropriate to intervene with medical therapies to try to cure the *internal cancer*, and your [or your *covered dependent's*] medical prognosis is a life expectancy of [less than 6 months].

This benefit is not payable for the same day [the Extended-care Facility Benefit, the Home Health Care Benefit or] the Hospital Confinement Benefit is payable. However, if you [or your *covered dependent* is] eligible for the Hospice benefit[, the Extended-care Facility benefit, the Home Health Care benefit] and the Hospital Confinement benefit on the same day, then we will pay the [highest] benefit.

In-hospital Doctor Visits

10 While you [or your *covered dependent* is] *hospital confined* for *internal cancer treatment*, we will pay the In-hospital Doctor Visits amount shown in the Schedule for each day you [or your *covered dependent* is] visited by a *doctor* for *internal cancer treatment* other than the operating surgeon not to exceed a maximum of [75 visits].

CANCER ONLY INSURANCE (continued)

Post-hospital Doctor Visits

11

If you [or your *covered dependent* visits] the *doctor* after being released from a *hospital*, we will pay the Post-hospital Doctor Visits amount shown in the Schedule [per *doctor* visit once every 6 months] not to exceed [5 years] after the *diagnosis* of *internal cancer* for the purpose of ongoing *cancer* evaluation.

Prosthesis

12

We will pay the Prosthesis amount shown in the Schedule for each surgically implanted *prosthetic* device not to exceed [a *lifetime*] maximum amount shown in the Schedule for you [or your *covered dependent*], if, as a direct result or consequence of surgical *treatment* of *internal cancer*, you [or your *covered dependent* receives] an implantable *prosthetic* device, or other non-implantable *prosthetic* devices as the result of *internal cancer treatment*.

If as a direct result or consequence of *treatment* for *internal cancer*, you [or your *covered dependent* receives] non-implantable *prosthetic* devices such as [voice boxes, hairpieces or removable breast *prosthesis*], we will pay the Prosthesis amount shown in the Schedule for [each non-implantable device up to the *lifetime* maximum amount shown in the Schedule for you or your *covered dependent*].

[The Prosthesis Benefit does not include coverage for a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap procedure as listed under the Reconstructive Surgery Benefit.]

Ambulance

13

We will pay the Ambulance amount shown in the Schedule if a licensed professional ambulance is used to transport you [or your *covered dependent*] to a *hospital* where you [or your *covered dependent* is] *hospital confined* as an *inpatient* for *internal cancer treatment*. This benefit is limited to [two one-way trips per *period of hospital confinement*].

Lodging

14

If you [or your *covered dependent* or his/her adult family companion stays] in a hotel while you [or your *covered dependent* is] receiving *internal cancer treatment* at a *hospital* or *clinic* more than [100 miles] from your [or your *covered dependent's*] residence, we will pay the Lodging amount shown in the Schedule per day not to exceed a maximum of [1 benefit per day] and [90 days per *benefit year*]. We will not pay for any day that a hotel charge is incurred if a stay begins, if either [more than 24 hours] prior to *treatment* or [more than 24 hours] after *treatment*.

CANCER ONLY INSURANCE (continued)

Second Surgical Opinion

15

If a *doctor* has *diagnosed* you [or your *covered dependent*] with *internal cancer* requiring surgery and you [or your *covered dependent* obtains] a second surgical opinion, we will pay the Second Surgical Opinion amount shown in the Schedule when you [or your *covered dependent* obtain] a second surgical opinion from a different *doctor* regarding the *internal cancer* surgery.

This benefit will be paid [only once] per surgical procedure [and will not be payable for the same day that a National Cancer Institute Evaluation/Consultation Benefit is payable]. [However, if the Second Surgical Opinion Benefit under this provision is payable the same day that a National Cancer Institute Evaluation/Consultation Benefit is payable, then we will pay the higher benefit.]

Skin Cancer

We will pay the Skin Cancer amount shown in the Schedule if a biopsy, reconstructive surgery following previous excision of skin *cancer*, excision of skin *cancer* without flap or graft and excision of skin *cancer* with flap or graft for *diagnosed* skin *cancer* is performed. The amount shown in the Schedule includes the amount payable for anesthesia services.

Surgery and General Anesthesia for Internal Cancer

16

If a *doctor* performs one of the procedures shown in the Schedule for the purpose of treating *internal cancer diagnosed* in you [or your *covered dependent*], we will pay the Surgery and General Anesthesia for Internal Cancer amounts shown in the Schedule, provided the [total combined] benefits payable under this provision for [one operation] is limited to the maximum shown in the Schedule. The Schedule of Operations shall not apply to surgery for skin *cancer*, which will be covered only under the Skin Cancer Benefit. [Similarly, the Schedule of Operations shall not apply to reconstructive surgery, which will be covered only under the Reconstructive Surgery Benefit.]

If more than one surgical procedure is performed through the same incision, benefits will be paid for only [one procedure] based upon the highest eligible benefit.

First Occurrence

17

When you [or your *covered dependent* is] *diagnosed* for the first time as having *internal cancer*, we will pay the First Occurrence amount shown in the Schedule for the First Occurrence Benefit.

If you [or your *covered dependent* was] *diagnosed* or treated for *internal cancer* before [the end of the 30 day waiting period that follows] your [or your *covered dependent's*] effective date, then we will not pay the First-Occurrence Benefit even if the *internal cancer* metastasizes, extends or recurs [after the end of the 30 day waiting period]. The First Occurrence Benefit is not payable for skin *cancer* classified as [Clark's Levels I and II, or a Breslow level less than 1.5 mm]. This benefit will be paid for you [or your *covered dependent* only once per *lifetime*].

CANCER ONLY INSURANCE (continued)

Alternative Care

18

The following benefits will only be payable upon the *diagnosis* of *internal cancer*. We will require that the *cancer diagnosis* be re-confirmed on a regular basis, either by proof of on-going *treatment*, or by a *doctor's* certification.

- **[Integrative Assessment and Education Benefit:** A one-time benefit per *diagnosis* of *internal cancer* amount shown in the Schedule is payable for assessment/education services performed by an *accredited practitioner*.]
- **[Palliative Care Benefit:** We will pay the amount shown in the Schedule for each visit to an *accredited practitioner*, for up to 20 visits per *benefit year* for a *lifetime* maximum of 2 *benefit years* for *acupuncture*, *massage therapy*, *bio-feedback* and *hypnosis*.]
- **[Lifestyle Benefit:** We will pay the amount shown in the Schedule for each visit for up to 20 visits per *benefit year* for a *lifetime* maximum of 2 *benefit years* to an *accredited practitioner* for the following types of alternate care: smoking cessation, Yoga, meditation, relaxation techniques, Tai-Chi and nutritional counseling.]

Experimental Treatment

19

If a *doctor* prescribes experimental *treatments* for the purpose of destroying or changing abnormal tissue, and the *treatment* is administered by medical personnel in a *doctor's* office, *clinic* or *hospital*, we will pay the Experimental Treatment amount shown in the Schedule for each day the *treatment* is administered by these medical personnel. All *treatments* must be [NCI-listed] as viable experimental *treatment* for *internal cancer*.

We will not pay benefits under this provision for [laboratory tests, *immunotherapy*, diagnostic x-rays, and therapeutic devices or other procedures related to these *treatments*]. [We will not pay benefits under this provision for the same day the Radiation and Chemotherapy Benefit is payable. However, if you [or your *covered dependent* is] eligible for both the Experimental Treatment benefit and the Radiation and Chemotherapy benefit on the same day, then we will pay the higher benefit.]

Medical Imaging

20

If, after an initial *diagnosis* of *internal cancer*, a follow-up evaluation is performed using any imaging test as directed by a *doctor* (except breast mammography and breast ultrasound), we will pay the Medical Imaging amount shown in the Schedule. We will only pay this benefit [once per *benefit year*] provided you [or your *covered dependent* is] charged for and these procedures are performed when you [or your dependent is] an *outpatient*.

CANCER ONLY INSURANCE (continued)

[National Cancer Institute] Evaluation/Consultation

- 21 If you [or your *covered dependent* is] *diagnosed* with *internal cancer* by a *doctor* and an evaluation or consultation is obtained at an [NCI-designated] *cancer center* strictly to determine the appropriate course of *cancer treatment*, we will pay the [National Cancer Institute] Evaluation/Consultation amount shown in the Schedule upon such evaluation or consultation. This benefit is payable only [once per *lifetime*] for you [or your *covered dependent* and is not payable for the same day the Second Surgical Opinion Benefit is payable. However, if you or your *covered dependent* is eligible for both the National Cancer Institute Evaluation/Consultation benefit and the Second Surgical Opinion benefit on the same day, then we will pay the higher benefit.] [The Transportation and Lodging benefits will apply for this evaluation or consultation provided the requirements under those benefits are met.]

Anti-nausea

- 22 If a *doctor* prescribes drugs to control nausea related to chemotherapy or radiation *internal cancer treatments*, we will pay the Anti-nausea amount shown in the Schedule for [each month] during which you [or your *covered dependent* receives and is] charged for the drugs. This benefit will be paid as long as you [or your *covered dependent* is] receiving radiation or chemotherapy *treatments* and prescribed drugs to control nausea.

Bone Marrow or Stem Cell Transplant

- 23 If you [or your *covered dependent* receives and is] charged for a *bone marrow transplant* as a result of *internal cancer*, we will pay the Bone Marrow Transplant amount shown in the Schedule [for you or your *covered dependent* and the amount shown in the Schedule to the bone marrow donor]. If you [or your *covered dependent* receives and is] charged for a peripheral *stem cell transplant* procedure to treat *internal cancer*, then we will pay the Stem Cell Transplant amount shown in the Schedule. We will pay benefits under this provision [only once] during your [or your *covered dependent's lifetime*] for either a *bone marrow transplant* or a *stem cell transplant*, not both.

Immunotherapy

- 24 If a *doctor* prescribes *immunotherapy* as a *treatment* for *internal cancer* and you [or your *covered dependent* is] charged for such *treatment*, then we will pay the Immunotherapy amount shown in the Schedule [per month] that you [or your *covered dependent* is] charged for such *treatments*, up to the [*lifetime* maximum] shown in the Schedule. [We will not pay benefits under this provision for the same *treatment* under either the Radiation and Chemotherapy benefit or the Experimental Treatment benefit. However, if you [or your *covered dependent* is] eligible for the Immunotherapy benefit, the Radiation and Chemotherapy benefit and the Experimental Treatment benefit on the same day, then we will pay the highest benefit.]

CANCER ONLY INSURANCE (continued)

Home Health Care

25

If, after you [or your *covered dependent* is] released from *hospital confinement* due to *internal cancer*, the attending *doctor* prescribes home health care or health support services and these services begin [within 7 days] of your [or your *covered dependent's*] release from *hospital confinement*, we will pay the Home Health Care amount shown in the Schedule for each home health visit up to a maximum of [10 visits] after any *period of hospital confinement*, but no more than [30 visits per *benefit year*].

To receive this benefit, the prescribing *doctor* must certify that you [or your *covered dependent* would] need to be *hospital confined* if home health care visits were not available to give you [or your *covered dependent*] necessary care and *treatment*.

We will pay benefits under this provision only if the home health care and health supportive services providers are licensed or certified and as qualified as caregivers providing comparable services at a *hospital* or other appropriate medical facility. This benefit will not be paid for any day that a benefit is paid under the Hospice Benefit. If the Home Health Care Benefit under this provision is payable the same day that a Hospice Benefit is payable, then we will pay the higher benefit.

Nursing Services

26

If the attending *doctor* prescribes for you [or your *covered dependent*] while *hospital confined* for *internal cancer* the services of private nurses, in addition to those ordinarily provided by a *hospital*, then we will pay the Nursing Services amount shown in the Schedule per day for up to [30 days per *benefit year*] that you [or your *covered dependent* is] charged for such additional full time care. Care must be provided by a licensed registered graduate nurse or licensed practical or vocational nurse, but not by a *family member*.

Transportation

27

We will pay the Transportation amount shown in the Schedule upon completion of a round trip to transport you [or your *covered dependent*] to a *hospital* or *clinic* more than [100 miles] away from your [or your *covered dependent's*] residence if the purpose of the trip is to obtain *internal cancer treatment* prescribed by your [or your *covered dependent's*] local attending *doctor*. We will pay this benefit only for your [or your *covered dependent's*] transportation. [However, we will pay this benefit for commercial travel by bus, train or airplane for a parent or guardian if the medical care is for a *covered dependent* child and he or she is accompanied by a parent or guardian.] You [or your *covered dependent* is] limited to [3 round trips per *benefit year* for you or your *covered dependent* including trips in which the *covered dependent* child is accompanied by a parent or guardian]. This benefit does not apply to transportation by ambulance to or from any *hospital*.

CANCER ONLY INSURANCE (continued)

Reconstructive Surgery

28

We will pay the Reconstructive Surgery amount shown in the Schedule for you [or your *covered dependent*] for *internal cancer* related reconstructive surgery listed below:

- [Breast Symmetry (modification of the non-cancerous breast performed [within 5 years] of reconstructing the cancerous breast)]
- Breast Reconstruction
- Facial Reconstruction
- Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap]

In addition, we will pay [30%] of the Reconstructive Surgery amounts shown in the Schedule for *general anesthesia* during these procedures.

Outpatient Hospital Surgical

29

We will pay the Outpatient Hospital Surgical amount shown in the Schedule per day not to exceed [3 days per procedure] if you [or your *covered dependent* is] *diagnosed* with *internal cancer* and a *doctor* performs a surgical procedure on you [or your *covered dependent*] *diagnosed* with *internal cancer* and the procedure is performed on an *outpatient* basis in a *hospital* (including an *ambulatory surgical center*, but not a *doctor's* office).

Only surgeries for *internal cancer* qualify for this benefit. We will not pay this benefit if you [or your *covered dependent* is] *hospital confined* on the same day.

CANCER ONLY INSURANCE (continued)

30

Pre-Existing Conditions

We will not pay benefits for claims resulting, directly or indirectly, from a pre-existing condition (defined below) unless you [or your *covered dependent* is *diagnosed*] with *cancer* after [the earlier of:

- 12 consecutive months, ending on or after the day you or your *covered dependent* became insured under the *cancer only insurance policy*, during which you or your *covered dependent* does not consult with or receive advice from a licensed medical or dental practitioner or receive medical or dental care, *treatment* or services, including taking drugs, medicine, insulin, or similar substances, for that condition; or
- 12 consecutive months during which you or your *covered dependent* is continuously insured under the *cancer only insurance policy*].

A "pre-existing condition" means a sickness, symptom or physical finding, or any related, sickness, symptom or physical finding, for which you [or your *covered dependent*]:

- consulted with or received advice from a licensed medical or dental practitioner; or
- received medical or dental care, *treatment*, or services, including taking drugs, medicine, insulin, or similar substances

during the [12 months] that end on the day before you [or your *covered dependent*] became insured under the *cancer only insurance policy*.

General Exclusions

We will not pay benefits for you [or your *covered dependent*] related to or resulting, directly or indirectly, from any of the following:

- services or *treatment* not included in the Schedule;
- services or *treatment* for which you [or your *covered dependent* is] not charged, unless there is no charge because the facility is a United States government facility;
- services or *treatment* provided by a *family member*;
- services or *treatment* rendered or *hospital confinement* outside the United States;
- any *cancer diagnosed* solely outside the United States;
- services or *treatment* provided primarily for cosmetic purposes;
- services or *treatment* for premalignant conditions;
- services or *treatment* for conditions with malignant potential;
- services or *treatment* for non-cancer illnesses;

CANCER ONLY INSURANCE (continued)

- service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not;
- war or any act of war, whether declared or not;
- taking part in a riot or insurrection, or an act of riot or insurrection;
- 31 • committing or attempting to commit [an assault] or felony;
- incarceration in a penal institution of any kind;
- *treatment of mental illness*;
- intoxication (Intoxication means your [or your *covered dependent's*] blood alcohol level exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the *injury* occurs).
- 32 • intentionally self-inflicted injury, [while sane or insane]; or
- 32 • suicide or attempted suicide, [while sane or insane].

Porting to a Group Portability Policy

33 If all of your *cancer only insurance* ends for a reason other than you did not pay your share of the premium, you may be eligible to *port* your insurance [and your dependent insurance] currently in force. [You must *port* your *cancer only insurance* in order to *port* your *covered dependent's cancer only insurance*. A *covered dependent* may not *port* his or her *cancer only insurance*.] Your insurance under the group portability policy will be a continuation of your insurance [and your dependent insurance, if any,] under this *policy* and all benefits, limitations and exclusions under this *policy* will continue to apply to your insurance [and your dependent insurance, if any,] under the group portability policy.

You are not eligible to *port* if the *cancer only insurance* ends because you did not pay your share of the premium.

You must apply and pay the premium [within 31 days] after your coverage ends. No *proof of good health* is required.

If you [or your *covered dependent* receives] services or *treatment* [within 31 days] after your *cancer only insurance* ends, but before you have applied to *port*, we will pay any benefits as if you had *ported*. However, you must pay any premium due.

The insurance can be continued under the group portability policy [until the later of the day before your 65th birthday or 12 months from the date your coverage under the policy ends]. [You may either *port* the plan of insurance that is currently in force, or you may *port* a lower plan of insurance. You cannot *port* to a higher plan of insurance.]

We will notify you of the amount of premium due, the frequency of premium payments and the premium due dates. If any premium is not paid when due, you will have a [31 day] grace period. Insurance will end at the end of the grace period if you fail to make the required premium payment within that time. We will not change the premium rate more than once in any period of [6 consecutive months] and we will give you [31 days] advance written notice of any change in rates.

CANCER ONLY INSURANCE (continued)

Assignment

34

[Neither you nor your *covered dependent* can] assign any of the *cancer only insurance* benefits.

<i>SERFF Tracking Number:</i>	<i>ASWX-126322399</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>43624</i>
<i>Company Tracking Number:</i>	<i>GHAR01067U1F01</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Worksite</i>		
<i>Project Name/Number:</i>	<i>Worksite/GH AR01067U1F01</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR - READABILITY CERTIFICATION.PDF	Approved-Closed	09/30/2009

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A Comments:	Approved-Closed	09/30/2009

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Cover Letter Attachment: Cover Letter.PDF	Approved-Closed	09/30/2009

	Item Status:	Status Date:
Satisfied - Item: Def CO rev - Statement of Variations, Schd CO rev - Statement of Variations, CO BP rev - Statement of Variations Comments: Def CO rev, Schd CO rev, CO BP rev - Statement of Variations; Attachments: Def CO rev - Statement of Variations.PDF Schd CO rev - Statement of Variations.PDF	Approved-Closed	09/30/2009

<i>SERFF Tracking Number:</i>	<i>ASWX-126322399</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>43624</i>
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<i>Product Name:</i>	<i>Worksite</i>		
<i>Project Name/Number:</i>	<i>Worksite/GH AR01067U1F01</i>		

CO BP rev - Statement of Variations.PDF


STATE OF ARKANSAS

READABILITY CERTIFICATION

COMPANY NAME: Union Security Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
Def CO rev	51.62
CO BP rev	52.81

Signed: 
Name: Julia Hix-Royer
Title: Vice President

Date: 09/28/2009



ASSURANT
Employee
Benefits

**Union Security
Insurance Company**
2323 Grand Blvd.
Kansas City,
Missouri
64108-2670

September 28, 2009

Hon. Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Dear Commissioner Bradford:

We enclose for filing the group insurance forms described below.

Form Number	Description
Def CO rev	Group Policy-Certificate insert form for use with Group Policy Form GP-09 and Group Certificate Form GC-09. This form replaces Form Def CO, previously approved by your Department on 06/03/2009 to be used with GP-09 and GC-09.
Schd CO rev	Group Policy-Certificate insert form for use with Group Policy Form GP-09 and Group Certificate Form GC-09. This form replaces Form Schd CO, previously approved by your Department on 06/03/2009 to be used with GP-09 and GC-09.
CO BP rev	Group Policy-Certificate insert form for use with Group Policy Form GP-09 and Group Certificate Form GC-09. This form replaces Form CO BP, previously approved by your Department on 06/03/2009 to be used with GP-09 and GC-09.

These forms have been revised to update the Radiation and Chemotherapy benefit. A definition of week was added to form Def CO rev. The benefit amounts and maximums

Page two

were modified and radiation was modified to specify external, oral and I.V. radiation on forms Schd CO rev and CO BP rev.

Except for the enclosed forms, all forms referred to above are currently on file with your Department. The variable material is indicated by boxes or brackets.

The \$50 filing fee is being sent via EFT.

These forms are being filed simultaneously in Kansas, our domiciliary state.

We trust that you will find everything in order and look forward to your response. If you have any questions regarding this submission, please contact me at the e-mail address or phone number provided below.

Sincerely,

Lori Vazquez
Contract Compliance Analyst
T. 816.881.8713
F. 816.881.8755
E-mail address: Lori.Vazquez@assurant.com

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Def CO rev

The variable and illustrative material in Policy/Certificate Insert Form Def CO rev has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item may appear as shown or omitted entirely if the Alternative Care benefit is not included.
2. This item may appear as shown, omitted entirely if the Alternative Care benefit is not included or modified to change the name of the certifying organization or title.
3. This item may appear as shown, omitted entirely if the Alternative Care benefit is not included or modified to change the name of the certifying organization.
4. This item may appear as shown or may be modified to change the number of hours, ranging from 12 – 48 hours.
5. This item may appear as shown, omitted entirely if the Alternative Care benefit is not included or modified to remove, add or change the ayurvedic practices.
6. This item may appear as shown or may be modified to show another time period such as a 12 month period running from the policy anniversary.
7. This item may appear as shown or omitted entirely if the Bone Marrow Transplant benefit is not included.
8. This item may appear as show or modified to remove or add potential malignant conditions.
9. This item may appear as shown or omitted entirely if the Radiation and Chemotherapy benefit is not included.
10. This item may appear as shown or may be modified to change the organization(s).
11. This item may appear as shown or omitted entirely if the Extended-care Facility benefit is not included.
12. This item may appear as shown or may be modified to show another time period, ranging from 3-12 months.
13. This item may appear as shown or may be modified to show another time period, ranging from 12-48 hours.
14. This item may appear as shown or may be modified to change the melanoma classification
15. This item may appear as shown, omitted entirely if the Alternative Care benefit is not included or may be modified to change the accrediting association or the name of the exam.
16. This item may appear as shown, omitted entirely if the Alternative Care benefit is not included or may be modified to remove, add or change the forms of massage therapy.

17. This item may appear as shown or may be modified to change the edition or the name of the publication.
18. This item may appear as shown, omitted entirely if the Alternative Care benefit is not included, modified to change medical school requirement or the name of the accrediting organization.
19. This item may appear as shown, omitted entirely if the National Cancer Institute Evaluation/Consultation benefit is not included or modified to change the name of the designation.
20. This item may appear as shown, omitted entirely if the Radiation and Chemotherapy benefit is not included or modified to change the name or description of the data query.
21. This item may appear as shown or may be modified to show another time period, ranging from 10-60 days.
22. This item may be included as shown or may be omitted entirely.
23. This item may appear as shown or omitted entirely if the Prosthesis benefit is not included.
24. This item may appear as shown or omitted entirely if the Stem Cell Transplant benefit is not included.
25. This item may appear as shown, omitted entirely, or may be modified to show another time period, ranging from 30-90 days.
26. This item may appear as shown, omitted entirely or may be modified to show another time period such as a calendar period of five consecutive days, beginning on 12:00 a.m. Monday and ending on 11:59 p.m. Friday.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Schd CO rev

The variable and illustrative material in Policy/Certificate Insert Form Schd CO rev has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

Throughout this form, any reference to level may be changed to another term such as plan, tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be omitted entirely if only one plan, level, tier, etc. is offered.

1. The items within the box may be included in the Policy and may be included or deleted in the Certificate.
2. The Eligible Class(es) will appear in the Policy and may appear or be deleted in a Certificate. The Eligible Classes may vary depending on the policyholder's specifications, but will be based on factors pertaining to employment or membership in a group (e.g., an association of doctors). "Policyholder may be changed to participating employer or other appropriate entity; "or an associated company may be deleted. Dependent insurance may be included or deleted. If included, it may be changed to specify only a certain class or classes of employees are eligible for dependent insurance.
3. This item may appear as shown in a trust policy or may be omitted entirely. Reference to an application may be changed to other terminology such as participation agreement.
4. This item may appear as shown or the specific associated companies of the policyholder, participating employer or other appropriate entity may be included, or we can state the companies will be as reported to us by the policyholder, or this may be deleted if there are no associated companies. This may be deleted in the Certificate.
5. The Present Service Requirement and Future Service Requirement may appear as shown or may be modified, ranging from None to 24 months and may vary by class. Dates may be used, showing the policy's or participating employer's effective date for Present Service Requirement and dates after that for Future Service Requirement. When a Policy or Certificate is reissued, we may just show the future service requirement. This may be deleted in the Certificate.
6. The Entry Date may be immediate, policy anniversary, 1st of the month or another day of the month, 1st of the second month, quarterly, semi-annually or another specific date. It may also vary by class. This may be deleted in the Certificate.
7. The Minimum Participation Requirements will be included in the Policy, may be deleted in the Certificate, and may be modified as follows:
 - the Number may be included or deleted and may range from 1 – 500 lives, depending on the size of the group and the type of group such as employer, association or a trust
 - the Percentage may be included or deleted and may range from 10% - 100%, depending on whether the insurance is contributory or noncontributory or an elective plan
8. This item may appear as shown or may be omitted entirely if there are no plan options to select. Reference to plan level may be changed to another term such as tier.

Statement of Variations
Policy/Certificate Insert Form Schd CO rev
Page 2

9. This item may appear as shown or may be omitted entirely if a particular group does not insure dependents.
10. There are two versions of the provision shown. The first version will appear if proof of good health is required for all levels of coverage. The second version will appear if proof of good health is only required for certain levels of coverage. Each version may appear as shown or may be omitted entirely. If included each version may be modified as follows:
 - The first version may be modified to remove reference to levels if only one level is offered.
 - The second version may be changed to require proof of good health only for Level 2 or remove references to levels if only one level is offered.
11. This item may be included as shown or omitted entirely if the Cancer Screening benefit is not included. If included, it may be modified as follows:
 - once per benefit year may be increased to 2-3 times per benefit year
 - the benefit amount may be changed, ranging from Not Covered or \$0 - \$200
12. This item may be included as shown or modified as follows:
 - the 90 day time frame may be changed, ranging from 30-365 days
 - the benefit amount may be changed, ranging from \$0 - \$800
13. This item may be included as shown or omitted entirely if the Radiation and Chemotherapy benefit is not included. If included, it may be modified as follows:
 - Injected Cytotoxic Medications may be included as shown or omitted entirely if injected medications are not included
 - First Prescription and Refill Pump Dispensed Cytotoxic Medications may be included as shown or omitted entirely if pump dispensed medication are not included
 - Oral Cytotoxic Medications may be included as shown or omitted entirely if oral medications are not included
 - Cytotoxic Medications Administration by Any Other Method may be included as shown or omitted entirely if other administration methods are not included
 - External Radiation Therapy may be included as shown or omitted entirely if radiation therapy is not included
 - Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium may be included as shown or omitted entirely if not included.
 - Oral or I.V. Radiation may be included as shown or omitted entirely if oral and I.V. radiation is not included
 - the maximums per week may be changed to per day, month, benefit year or prescription
 - the maximums per prescription may be changed to per day, week, month, or benefit year
 - the maximums per benefit year may be changed to per day, week, month or prescription
 - the benefit and maximum amounts may be changed, ranging from Not Covered or \$0 - \$50,000
14. This item may be included as shown or modified as follows:
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
15. This item may be included as shown or modified as follows:

- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
16. This item may be included as shown or omitted entirely if the Extended-care Facility benefit is not included. If included, it may be modified as follows:
- the 90 days time frame may be changed, ranging from 30-120 days
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$400
17. This item may be included as shown. If included, it may be modified as follows:
- the 100 days time frame may be changed, ranging from 30 - 365 days
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
18. This item may be included as shown or omitted entirely if the In-hospital Doctor Visits benefit is not included. If included, it may be modified as follows:
- the 75 visits may be changed, ranging from 10-225 visits
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
19. This item may be included as shown or omitted entirely if the Post-hospital Doctor Visits benefit is not included. If included, it may be modified as follows:
- once every 6 months may be increased to 2-3 doctor visits every 3-12 months
 - 5 years may be changed, ranging from 1-10 years
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
20. This item may be included as shown or omitted entirely if the Prosthesis benefit is not included. If included, it may be modified as follows:
- lifetime may be deleted
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$12,000
21. This item may be included as shown or omitted entirely if the Ambulance benefit is not included. If included, it may be modified as follows:
- 2 one-way trips may be changed to 1-4 one-way trips or one-way may be changed to round trips
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$4,000
22. This item may be included as shown or omitted entirely if the Lodging benefit is not included. If included, it may be modified as follows:
- 1 benefit per day may be increased to 2-3 benefits per day
 - 90 days may be changed, ranging from 30-120 days
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
23. This item may be included as shown or omitted entirely if the Second Surgical Opinion benefit is not included. If included, it may be modified as follows:
- once may be increased to 2-3 times
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$400
24. This item may be included as shown or modified as follows:

- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$1,200
25. This item may be included as shown or omitted entirely if the Surgery and General Anesthesia for Internal Cancer benefit is not included. If included, it may be modified as follows:
- combined may be deleted if not limited to a combined total
 - one operation may be increased to 2-3 operations
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$12,000
 - each procedure may be included as shown, deleted, changed to add a procedure, or the name of the procedure is changed due to current medical terminology
26. This item may be included as shown or omitted entirely if the First Occurrence benefit is not included. If included, it may be modified as follows:
- the 30 day waiting period may be changed, ranging from 15-45 days
 - once may be changed to 2-3 times
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$10,000
27. This item may be included as shown or omitted entirely if the Alternative Care benefit is not included. If included, it may be modified as follows:
- one may be increased to 2-3 times
 - 20 visits may be changed, ranging from 10-40 visits
 - 2 benefit years may be changed, ranging from 1-4
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$400
28. This item may be included as shown or omitted entirely if the Experimental Treatment benefit is not included. If included, it may be modified as follows:
- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$3,000
29. This item may be included as shown or omitted entirely if the Medical Imaging benefit is not included. If included, it may be modified as follows:
- once per benefit year may be increased to 2-3 times per benefit year
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
30. This item may be included as shown or omitted entirely if the National Cancer Institute Evaluation/Consultation benefit is not included. If included, it may be modified as follows:
- National Cancer Institute may be included as shown or modified to change the name of the organization
 - once per lifetime may be increased to 2-3 times per lifetime
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$1,500
31. This item may be included as shown or omitted entirely if the Anti-nausea benefit is not included. If included, it may be modified as follows:
- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
32. This item may be included as shown or omitted entirely if the Bone Marrow or Stem Cell Transplant benefit is not included. If included, it may be modified as follows:
- once per lifetime may be increased to 2-3 times per lifetime

Statement of Variations
Policy/Certificate Insert Form Schd CO rev

Page 5

- the reference to a bone marrow donor benefit may be deleted if a bone marrow donor benefit is not included
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$20,000
33. This item may be included as shown or omitted entirely if the Immunotherapy benefit is not included. If included, it may be modified as follows:
- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$7,200
34. This item may be included as shown or omitted entirely if the Home Health Care benefit is not included. If included, it may be modified as follows:
- 10 visits may be changed, ranging from 1-20
 - 30 visits may be changed, ranging from 10-60
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
35. This item may be included as shown or omitted entirely if the Nursing Services benefit is not included. If included, it may be modified as follows:
- 30 days may be changed, ranging from 10-60 days
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
36. This item may be included as shown or omitted entirely if the Transportation benefit is not included. If included, it may be modified as follows:
- 3 round trips may be changed, ranging from 1-6 round trips
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$1,500
37. This item may be included as shown or omitted entirely if the Reconstructive Surgery benefit is not included. If included, it may be modified as follows:
- the types of reconstructive surgeries may be included as shown, omitted entirely, or changed to add a type of surgery or change the name of the surgery
 - 30% may be changed, ranging from 10-60%
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$5,000
38. This item may be included as shown or omitted entirely if the Outpatient Hospital Surgical benefit is not included. If included, it may be modified as follows:
- 3 days may be changed, ranging from 1-6 days
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$750
39. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- Plan Changes at Annual Enrollment may be omitted entirely if not applicable
 - the dates of the annual enrollment period will reflect the policyholder's annual enrollment period
 - policyholder may be changed to participating employer or other appropriate entity
 - references to Pre-existing Conditions provision and pre-existing condition may be omitted entirely
 - the effective date may be policy anniversary, first of the month, first of the second month, date of request, a specific date or any other date agreed upon between the policyholder and us
 - reference to Exception to Effective Date and/or Exception to Dependent Effective Date may be included as shown or omitted entirely

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- the 31 day time period may be changed, ranging from 7 – 90 days
- the change in family status definition may be modified to delete reference to the policyholder's IRC Section 125 plan, if not applicable; one or more items may be deleted or reference to other items may be added upon policyholder request
- There are 2 versions of the Changes in Family Status provision shown. The first version will appear as shown if proof of good health is required for all levels of coverage. The second version will appear as shown if proof of good health is only required for certain levels of coverage.
- The variations listed above will apply to both versions.
- The second version can also be changed to require proof of good health only for Level 2 or remove references to Levels if only one level is offered.

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The variable and illustrative material in Policy/Certificate Insert Form CO BP rev has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

Throughout this form, any reference to level may be changed to another term such as plan, tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be omitted entirely if only one plan, level, tier, etc. is offered.

1. This item may be included as shown or omitted entirely if there is only one level of benefits.
2. This item may be included as shown or omitted entirely if portability is not included.
3. This item may be included as shown or omitted entirely if the benefits do not require a charge in order to be paid.
4. This item may be included as shown or omitted entirely if proof of good health is required for all benefit levels. If included, "Level I" and "Level II" may be changed to other terms such as "plan", "tier" or another marketing name.
5. This item may be included as shown or omitted entirely if the Cancer Screening benefit is not included. If included, it may be modified as follows:
 - add, remove or change the name of the tests to reflect current medical terminology
 - once per benefit year may be increased to 2-3 times per benefit year
6. This item may be included as shown and modified as follows:
 - the 90 day time frame may be changed, ranging from 30-365 days
7. This item may be included as shown or omitted entirely if the Radiation and Chemotherapy benefit is not included. If included, it may be modified as follows:
 - the injected medication paragraph may be included as shown or omitted entirely if injected medications are not included
 - the terms "FDA" and "NCI-listed" may be included as shown or modified to change the name of the organization
 - the medications dispersed by pump paragraph may be included as shown or omitted entirely if pump medications are not included.
 - the medications administered orally paragraph may be included as shown or omitted entirely if oral medications are not included
 - the external radiation paragraph may be included as shown or omitted entirely if external radiation is not included
 - the insertion of interstitial or intracavity administration of radioisotopes or radium paragraph may be included as shown or omitted entirely if it's not included.
 - the medications administered by any other method or radiation administered orally or intravenously paragraph may be included as shown or omitted entirely if other administration methods are not included

- the benefit not paid for sentence may be included as shown, omitted entirely or changed to add, remove or change the name of the services
 - the Experimental Treatment paragraph may be included as shown or omitted entirely if the Experimental Treatment benefit is not included.
 - the maximums per week may be changed to per day, month, benefit year or prescription
 - the maximums per prescription may be changed to per day, week, month, or benefit year
 - the maximums per benefit year may be changed to per day, week, month or prescription
8. This item may be included as shown or omitted entirely if the Extended-care Facility benefit is not included. If included, it may be modified as follows:
- the 30 day time frame for hospital confinement may be changed, ranging from 10-60 days
 - the maximum period of 90 days time frame may be changed, ranging from 30-120 days
 - the no later than 30 days time frame may be changed, ranging from 10-60 days
9. This item may be included as shown. If included, it may be modified as follows:
- the 100 days time frame may be changed, ranging from 30 - 365 days
 - the reference to the Extended-care Facility and/or Home Health Care benefits may be included as shown or omitted entirely if the Extended-care Facility benefit and/or the Home Health Care benefit are not included
10. This item may be included as shown or omitted entirely if the In-hospital Doctor Visits benefit is not included. If included, it may be modified as follows:
- the maximum of 75 visits may be changed, ranging from 10-225 visits
11. This item may be included as shown or omitted entirely if the Post-hospital Doctor Visits benefit is not included. If included, it may be modified as follows:
- once every 6 months may be increased to 2-3 doctor visits every 3-12 months
 - 5 years may be changed, ranging from 1-10 years
12. This item may be included as shown or omitted entirely if the Prosthesis benefit is not included. If included, it may be modified as follows:
- lifetime may be included as shown or omitted entirely
 - non-implantable prosthetic devices may be changed to add, remove or change the name of the prosthetic devices.
 - each non-implantable device may be increased to 2-3 non-implantable devices
 - the reference to the Reconstructive Surgery benefit may be included as shown or omitted entirely if the Reconstructive Surgery benefit is not included.
13. This item may be included as shown or omitted entirely if the Ambulance benefit is not included. If included, it may be modified as follows:
- two one-way trips may be changed to 1-4 one-way trips or one-way may be changed to round trips
14. This item may be included as shown or omitted entirely if the Lodging benefit is not included. If included, it may be modified as follows:

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- "or your covered dependent or his/her adult family companion stays" may be deleted if dependents are not insured for a particular group
 - 100 miles may be changed, ranging from 50-250 miles
 - "1 benefit per day" may be increased to 2-3 benefits per day
 - "90 days per benefit year" may be changed, ranging from 30-120 days per benefit year
 - "more than 24 hours" may be changed, ranging from 12-48 hours
15. This item may be included as shown or omitted entirely if the Second Surgical Opinion benefit is not included. If included, it may be modified as follows:
- only once may be increased to 2-3 times per surgical procedure
 - the reference to the National Cancer Institute Evaluation/Consultation benefit may be included as shown or omitted entirely if the National Cancer Institute Evaluation/Consultation benefit is not included
16. This item may be included as shown or omitted entirely if the Surgery and General Anesthesia for Internal Cancer benefit is not included. If included, it may be modified as follows:
- total combined may be included as shown or omitted entirely if not limited to a combined total
 - one operation may be increased to 2-3 operations
 - the reference to Reconstructive Surgery benefit may be included as shown or omitted entirely if the Reconstructive Surgery benefit is not included.
17. This item may be included as shown or omitted entirely if the First Occurrence benefit is not included. If included, it may be modified as follows:
- the 30 day waiting period may be changed, ranging from 15-45 days
 - the reference to Clark's Levels I and II, or a Breslow level less than 1.5 mm may be included as shown or modified
 - only once per lifetime may be changed to 2-3 times per lifetime
18. This item may be included as shown or omitted entirely if the Alternative Care benefit is not included. If included, it may be modified as follows:
- The Integrative Assessment and Education benefit may be included as shown or omitted entirely if the Integrative Assessment and Education benefit is not included. Also, one-time benefit may be increased to 2-3 time benefit.
 - The Palliative Care benefit may be included as shown or omitted entirely if the Palliative Care benefit is not included. The 20 visits per benefit year may be changed, ranging from 10-40 visits per benefit year. The lifetime maximum of 2 benefit years may be changed, ranging from 1-4 benefit years. The list of services may be included as shown or changed to add, remove or change the name of the service.
 - The Lifestyle benefit may be included as shown or omitted entirely if the Lifestyle benefit is not included. The 20 visits per benefit year may be changed, ranging from 10-40 visits per benefit year. The lifetime maximum of 2 benefit years may be changed, ranging from 1-4 benefit years. The types of services may be included as shown or changed to add, remove or change the name of the services.
19. This item may be included as shown or omitted entirely if the Experimental Treatment benefit is not included. If included, it may be modified as follows:
- "NCI-listed" may be included as shown or changed to another appropriate term
 - the benefits not paid for sentence may be included as shown or changed to add, remove or change the name of the procedures listed

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- The reference to Radiation and Chemotherapy benefits may be included as shown or omitted entirely if the Radiation and Chemotherapy benefit is not included
20. This item may be included as shown or omitted entirely if the Medical Imaging benefit is not included. If included, it may be modified as follows:
- once per benefit year may be increased to 2-3 times per benefit year
21. This item may be included as shown or omitted entirely if the National Cancer Institute Evaluation/Consultation benefit is not included. If included, it may be modified as follows:
- "National Cancer Institute" may be included as shown or modified to change the name of the organization
 - "NCI-designated" may be included as shown, omitted entirely, or modified to change the name of the organization
 - once may be increased to 2-3 times
 - the reference to Second Surgical Opinion benefits may be included as shown or omitted entirely if the Second Surgical Opinion benefit is not included
 - the reference to Transportation and Lodging benefits may be included as shown or omitted entirely if the Transportation and Lodging benefits are not included
22. This item may be included as shown or omitted entirely if the Anti-nausea benefit is not included. If included, it may be modified as follows:
- each month may be changed to each day
23. This item may be included as shown or omitted entirely if the Bone Marrow or Stem Cell Transplant benefit is not included. If included, it may be modified as follows:
- the reference to paying a benefit to a bone marrow donor may be included as shown or omitted entirely
 - only once may be increased to only 2-3 times
24. This item may be included as shown or omitted entirely if the Immunotherapy benefit is not included. If included, it may be modified as follows:
- the reference to Radiation and Chemotherapy benefits and/or Experimental Treatment may be included as shown or omitted entirely if the Radiation and Chemotherapy benefits and/or the Experimental Treatment benefit is not included
25. This item may be included as shown or omitted entirely if the Home Health Care benefit is not included. If included, it may be modified as follows:
- "within 7 days" may be changed, ranging from 1-14 days
 - "10 visits" may be changed, ranging from 1-20 visits
 - "30 visits per benefit year" may be changed, ranging from 10-60 visits per benefit year
26. This item may be included as shown or omitted entirely if the Nursing Services benefit is not included. If included, it may be modified as follows:
- "30 days per benefit year" may be changed, ranging from 10-60 days per benefit year
27. This item may be included as shown or omitted entirely if the Transportation benefit is not included. If included, it may be modified as follows:

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- "100 miles" may be changed, ranging from 50-250 miles
 - the reference to commercial travel for a parent or guardian may be included as shown or deleted entirely if dependents are not covered for a particular group
 - "3 round trips per benefit year may be changed, ranging from 1-6 round trips per benefit year
28. This item may be included as shown or omitted entirely if the Reconstructive Surgery benefit is not included. If included, it may be modified as follows:
- The types of reconstructive surgeries may be included as shown or changed to add, remove or change the name of the surgery
 - "30%" may be changed, ranging from 10-60%
29. This item may be included as shown or omitted entirely if the Outpatient Hospital Surgical benefit is not included. If included, it may be modified as follows:
- "3 days per procedure" may be changed, ranging from 1-6 days per procedure
30. This item may be included as shown or omitted entirely if the Pre-Existing Conditions provision is not included. If included, it may be modified as follows:
- the time periods may be changed, ranging from 3 months up to 24 months, or as allowed by the state
 - the treatment free requirement after the effective date may be deleted if allowed by the state
 - the time insured requirement may be deleted if allowed by the state
31. This item may appear as shown or may be deleted entirely if a state does not permit an exclusion for assault.
32. This item may appear as shown or sane and/or insane may be deleted if not permitted in a state.
33. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- reference to porting dependent insurance may be deleted if a particular group does not insure dependents
 - any 31 day time frame may be changed, ranging from 31 – 60 days
 - the time period insured under the group portability policy may be changed to age 65 – 70 or 3 – 10 years; 12 months may be deleted or changed, ranging from 12 – 36 months
 - one or both of the last two sentences in the 5th paragraph may be deleted
 - the 6 consecutive months time frame may be modified, ranging from 6 – 24 months
34. This item may appear as shown or may be changed to read "You cannot."